UTILITY PATENT APPLICATION

First Named Inventor or Application Identifier

TESSERA 3.3-018 CONT CONT 2 DIV

Total Pages

Khandros et al.

Attorney Docket No.

TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. EM105971946US

| | PLICATION ELEMENTS ster 600 concerning utility patent application | contents. | Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231 | | | | | | |
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| | companying application and is hereby i | incorporated by | | | | | | | |
| | reference therein. 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: | | | | | | | | |
| | | inuation-in-part (C | | n No: 08 | ,861,280 | | | | |
| 18. CORRESPONDENCE ADDRESS | | | | | | | | | |
| Customer Number or Bar Code Label 000530 (Insert Customer No. or Attach bar code label here): | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| ADDRESS 600 South Avenue West | | | | | | | | | |
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| COUNTRY | Westfield U.S.A. | TELEPHONE | (908)654-5000 | FAX | (908) 654-7866 | | | | |
| 1 333, | J 0.D.M. | | I | | 1 | | | | |

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PTO/SR/17 (12-97)

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SUBTOTAL (3)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

Filing Date

FEE TRANSMITTAL

Note: Effective October 1, 1997.

Patent fees are subject to annual revision.

SUBTOTAL (2)

First Named Inventor Group Art Unit **Examiner Name**

Complete if Known

(\$) 790.00 **TOTAL AMOUNT OF PAYMENT** TESSERA 3.3-018 CONT CONT 2 DIV Attorney Docket Number METHOD OF PAYMENT (check one) FEE CALCULATION (continued) 3. ADDITIONAL FEES The Commissioner is hereby authorized to charge 1. X Large Entity Small Entity indicated fees and credit any over payments to: Fee Paid Fee Description Code (\$) Code (\$) Deposit 12-1095 Account 130 205 65 Surcharge - late filing fee or oath Number Deposit Surcharge - late provisional filing fee or 127 50 227 25 Account cover sheet. Name Non-English specification Charge Any Additional Fee Required Under Charge the Issue Fee Set in 139 130 139 130 X 37 CFR 1.18 at the Mailing of the For filing a request for reexamination 37 CFR 1.16 and 1.17 147 2.520 147 2,520 Notice of Allowance 920 112 920* Requesting publication of SIR prior to Examiner action Payment Enclosed: Money 113 1.840° 113 1,840* Requesting publication of SIR after Check | Other Examiner action Order Extension for reply within first month 110 215 55 **FEE CALCULATION** Extension for reply within second month 116 400 216 200 1. FILING FEE 950 217 475 Extension for reply within third month 1.510 218 755 Extension for reply within fourth month Large Entity Small Entity Fee Fee Description Fee Paid Extension for reply within fifth month 128 2.060 228 1.030 Code (\$) Code (\$) 790.0d Notice of Appeal 790 201 395 Utility filing fee 310 219 155 Filing a brief in support of an appeal 120 310 220 106 330 206 165 Design filing fee Request for oral hearing 107 540 207 121 270 221 135 270 Plant filing fee Petition to institute a public use proceeding 1.510 138 1,510 108 790 208 395 Reissue filing fee Petition to revive - unavoidable 114 150 214 75 Provisional filing fee 110 240 55 790.0d Petition to revive - unintentional SUBTOTAL (1) | (\$) 1.320 241 660 Utility issue fee (or reissue) 1.320 242 660 Fee from Design issue fee 2. CLAIMS 450 243 225 Fee Paid 143 below 10 Total Claims -20 = 0 0 O 670 244 335 Plant issue fee X 144 Independent - 3 : 0 130 122 122 130 Petitions to the Commissioner Multiple Dependent Claims 123 50 123 50 Petitions related to provisional applications 126 240 126 240 Submission of Information Disclosure Stmt Large Entity Small Entity Fee Fee Fee Fee Description 581 40 581 40 Recording each patent assignment per Code (\$) Code (\$) property (times number of properties) 22 103 203 11 Claims in excess of 20 790 246 146 395 Filing a submission after final rejection (37 CFR 1.129(a)) 102 82 202 41 Independent claims in excess of 3 149 790 249 395 For each additional invention to be 270 104 204 135 Multiple dependent claim examined (37 CFR 1.129(b)) 109 82 209 41 Reissue independent claims over original patent Other fee (specify) 110 22 210 Reissue claims in excess of 20 and over original patent Other fee (specify)

| SUBMITTED B | Complete (if | Complete (if applicable) | | | |
|--------------------------|--------------------|--------------------------|----------------------------|--------|--|
| Typed or Printed Name | MICHAEL J. DOHERTY | | Reg. Number | 40,592 | |
| Signature | Mikely Johnty | Date 12/3/97 | Deposit Account User ID | | |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of Khandros et al.

: Group Art Unit:

Divisional Application of

Prior Application Serial No. 08/861,280 : Examiner:

Filed: Herewith

: Date:December 3, 1997

For: SEMICONDUCTOR CHIP ASSEMBLIES, METHODS OF MAKING SAME AND

COMPONENTS FOR SAME

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

| | | | C | LAIMS | AS AN | IENDED | | | | | | |
|------------------|------------------------------|-------|-------------------|------------|-------------|---------|-------|---|-----|-----|-------|---------|
| (1) | | (2) | (3) | | (4 | ·) | (5) | | | (6) | | (7) |
| | CLAIMS REMAINING AFTER | | | | HIGHEST NO. | | | | | | | |
| | | | | HI | | | | | | | | |
| | | | | PREVIOUSLY | | PRESENT | | | | | ADDL. | |
| | A | MENDM | ENT | PA | ID FO | R | EXTRA | | R | ATE | | FEE |
| TOTAL CLAIMS | * | 10 | MINUS | ** | 20 | = | 0 | x | \$ | 22 | = | \$00.00 |
| INDEP. CLAIMS | * | 1 | MINUS | *** | 3 | = | 0 | x | \$ | 80 | = | \$00.00 |
| | | | RESENTATION CLAIM | | | | | | \$: | 260 | = | \$00.00 |

TOTAL ADDITIONAL FEE FOR THIS AMENDMENT.....\$00.00

- If the entry in col. 2 is less than entry in col. 4 write "0" in col. 5.
- If the "highest number previously paid for" in this space is less than 20, write "20" in this space.
- If the "highest number previously paid for" in this space is less than 3, write "3" in this space.
- (x) No additional fee is required. 1.
- 2. () A check in the amount of \$____ is attached.
- () Charge \$ to Deposit Account No. 12-1095. A duplicate з. copy of this sheet is enclosed.
- () Please charge any additional fees or credit overpayment 4. to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed.

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